

**Clackamas Family YMCA**  
**2009 Fall Basketball League**  
 For Boys Grades 7th-12th

# YBASKETBALL™

We build strong kids, strong families, strong communities.

Clackamas Family YMCA 10121 SE Sunnyside Rd Clackamas OR, 97015 503 654-8372

**BOYS FALL LEAGUE:**

- Designed to enhance self-esteem
- Emphasis on fair play
- Equal playing time stressed
- No tryouts

**Teammate requests:**

The YMCA will do it's best to accommodate requests, however, in an attempt to keep teams balanced, the YMCA will not guarantee that requests for team placement will be honored.

**Registration:**

- Open now
- Cost: \$85

**Important Dates & Info:**

- **Online DEADLINE Sep 6th**
- Waiting list period begins Sep. 7
- Practices begin Sep 14-18th
- Games begin Sep 19th
- Season ends Oct 31st

**\*\*All registrations after Aug 31st will pay \$95 \*\***

- **Volunteer!** Coaches, Assistant Coaches, and Team Parents all welcomed
- **Contacting Participants-** Participants will be contacted by coaches after the coaches meeting
- **Games-** All games played at Sunrise MS on Saturday's
- **Coaches Meeting** - tba
- **Practices-** Held at N. Clackamas Schools 1 evening p. week (tba)

## REGISTER ONLINE BEFORE SEP 6th

**Register online and...**

- Request your coach & teammates for the season
- Have your registration confirmed by email

**Three easy steps...**

1. Go to website address: [www.ymca-clackamas.org](http://www.ymca-clackamas.org)
2. Click on "Fall Sports"
3. Click on "Registration"

\*\*Request for refunds will not be considered after first game

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Child's Name \_\_\_\_\_ Height \_\_\_\_\_ Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Email: \_\_\_\_\_

T-Shirt Size: (circle one) YM YL AS AM AL AXL XXL School Attending \_\_\_\_\_

Playing Experience: (circle one) Competitive Recreational Years Played: \_\_\_\_\_ Organization(s) \_\_\_\_\_

I volunteer as: (circle one) Coach Asst. Coach Team Parent Coach if no one else is available  
 Name \_\_\_\_\_ Drivers License # \_\_\_\_\_

Coach Request \_\_\_\_\_ Phone (if known) \_\_\_\_\_

Teammate Request \_\_\_\_\_ Phone \_\_\_\_\_

I have enclosed a Check Cash for: \$85 \$95

To pay by credit card: Visa / M/C # \_\_\_\_\_ Exp. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Child's Name: \_\_\_\_\_ has my permission to participate in the YMCA basketball program, and to participate in photographs taken for publicity purposes. I acknowledge that this activity may be hazardous, and I release the YMCA of Columbia-Willamette from any liability to persons or damage to property. In an emergency, the YMCA has my permission to call an ambulance or take my child to any available physician, at my expense. **Requests for refunds must be received by first game, and take approximately 3-4 weeks to process.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Send payment and registration to: Clackamas Family YMCA 10121 SE Sunnyside Rd Clackamas OR 97015 503 654-8372**